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CONFIRMATION NO. 6694

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/684,475 | FILING OR 371(c) DATE 10/15/2003 RULE | CLASS 398 | GROUP ART UNIT 2613 | ATTORNEY DOCKET NO. P-5647-US1 | |
| APPLICANTS Arie Shahar, Rye Brook, NY; ** CONTINUING DATA ***** <i>Yes, DS</i> This appln claims benefit of 60/420,112 10/21/2002 and claims benefit of 60/440,037 01/15/2003 ** FOREIGN APPLICATIONS ***** <i>None, DS</i> <div style="text-align: center;">** SMALL ENTITY **</div> | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met <i>Allowance</i> Verified and <i>David Singh</i> Acknowledged <u>Examiner's Signature</u> Initials | | STATE OR COUNTRY NY | SHEETS DRAWING 57 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 1 |
| ADDRESS 49443 | | | | | |
| TITLE All-optical data compression systems | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |